

REMARKS

ON THE

TREATMENT OF THE INSANE.

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# REMARKS

ON THE

## TREATMENT OF THE INSANE,

AND THE

## MANAGEMENT OF LUNATIC ASYLUMS.

BEING THE

SUBSTANCE OF A RETURN

FROM THE

### **Lincoln Lunatic Asylum,**

TO THE

*CIRCULAR OF HIS MAJESTY'S SECRETARY OF STATE:*

### WITH A PLAN.

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BY E. P. CHARLESWORTH, M.D.,

ONE OF THE PHYSICIANS OF THE ASYLUM.

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LONDON:

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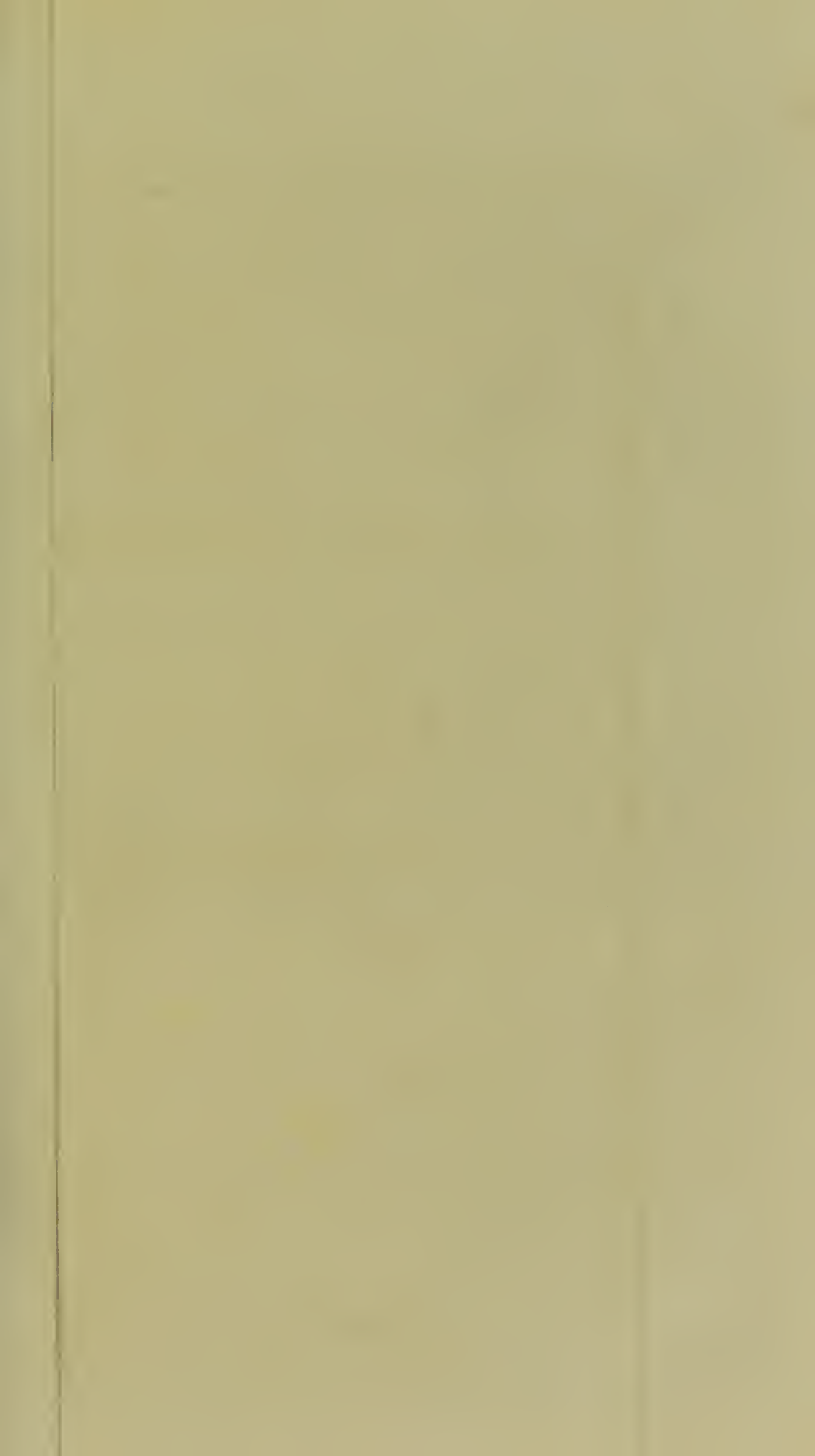
ST. PAUL'S CHURCH-YARD,  
AND WATERLOO-PLACE, PALL-MALL.

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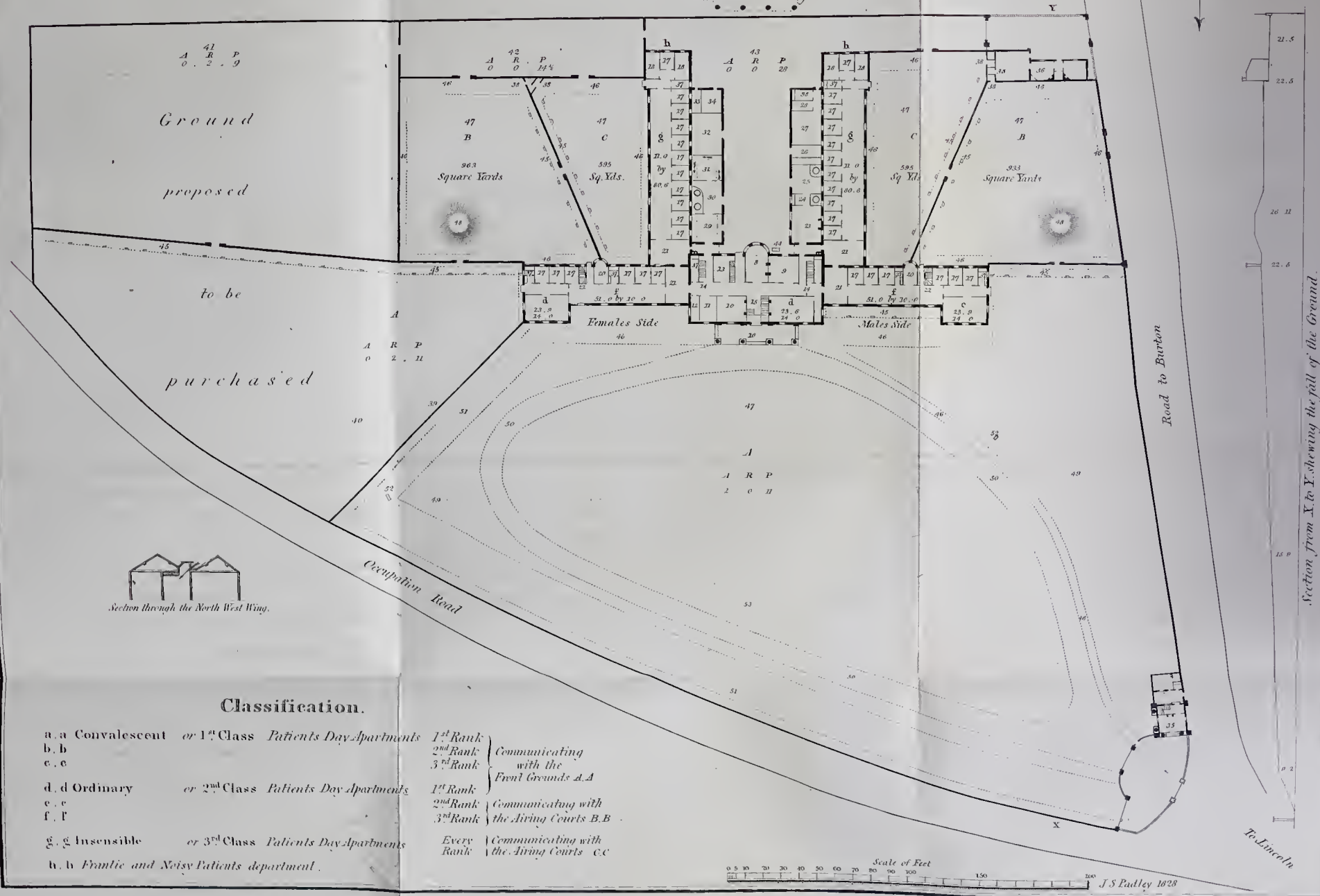
1828.

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*Plan of the  
Lincoln Lunatic Asylum,  
with the Alterations  
in progress.*



**Classification.**

a. a Convalescent	or 1 <sup>st</sup> Class	Patients Day Apartments	1 <sup>st</sup> Rank	Communicating with the Front Grounds A.A
b. b			2 <sup>nd</sup> Rank	
c. c			3 <sup>rd</sup> Rank	
d. d Ordinary	or 2 <sup>nd</sup> Class	Patients Day Apartments	1 <sup>st</sup> Rank	Communicating with the Airing Courts B.B
e. e			2 <sup>nd</sup> Rank	
f. f			3 <sup>rd</sup> Rank	
g. g Insensible	or 3 <sup>rd</sup> Class	Patients Day Apartments	Every Rank	Communicating with the Airing Courts C.C
h. h		Frantic and Noisy Patients department.		

Scale of Feet  
0 5 10 20 30 40 50 60 70 80 90 100 150 200  
J S Padley 1828

## REFERENCE TO THE PLAN.

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### ATTIC STORY.

1. First Rank Patients' Sleeping-rooms, or Single Sitting-rooms .....	16.0 by 14.0 and 13.0 — 14.0
2. Director's Sleeping-room .....	12.0 — 20.0
3. Female Servants' Sleeping-room .....	11.0 — 14.0

### CHAMBER STORY OF CENTRE-HOUSE.

4. First Rank Patients' Sleeping-rooms, or Infirmaries .....	16.0 — 14.0
5. Matron's Sleeping-room .....	16.0 — 14.0
6. Director's Sitting-room .....	12.0 — 20.0
7. Laboratory .....	4.0 — 14.0

### GROUND-FLOOR OF CENTRE-HOUSE.

8. Board-room .....	12.0 — 20.0
9. Receiving-room, and Bath-room .....	15.6 — 14.0
10. Matron's Sitting-room .....	16.0 — 14.0
11. Room for Linen and Patients' Clothes .....	8.0 — 14.0
12. Spare Room .....	4.0 — 14.0
13. Store-room and Larder, over the Cellar .....	7.6 — 14.0
14. Stairs connecting the First Rank Patients' Day Apartments, with their Sleeping-rooms, and with the Front Ground.	
15. Vestibule, and principal Staircase.	
16. Portico.	



### WINGS.

17. Patients' single Sleeping-rooms.....	7.0 by 9.0
18. ——— double ditto .....	7.0 — 14.0
19. ——— Ditto, ditto, or Infirmaryes .....	12.6 — 9.0
20. Attendants' Sleeping-rooms .....	7.0 — 12.0
21. Dining-rooms.....	12.0 — 20.0
22. Stairs connecting the upper and lower Galleries with each other, and with the Airing Courts B, B; communications will be formed to connect the Rooms b, b, and c, with the Front Grounds.	

### OFFICES.

23. Kitchen .....	14.0 — 20.0
24. Scullery .....	7.0 — 5.6
25. Brewhouse .....	16.6 — 18.0
26. Knife-house .....	6.0 — 16.6
27. Coal-yard .....	16.6 — 17.6
28. Ash-house .....	10.6 — 14.6
29. Laundry .....	16.0 — 15.0
30. Wash-house .....	16.0 — 17.0
31. Drying-house.....	16.0 — 13.0
32. Straw and Lumber-house .....	16.0 — 22.0
33. Dead-house .....	4.6 — 12.0
34. Horse-shed .....	10.0 — 12.0

### LODGES, &c.

35. Front Lodge, Yard, and Offices.
36. Back Lodge, Yard, and Offices.
37. Water Closets.
38. Privies.

### GROUNDS.

39. Proposed line of the West Boundary Wall.
40. Line of ditto, as now standing.



41. Proposed Kitchen Garden.
42. Drying Ground.
43. North approach and Area.
44. Forcing Pump.
45. Proposed Arcades in the Exercising Grounds.
46. Flagged Walks in Ditto.
47. Grass Plots in Ditto.
48. Mounds in the Courts B, B, affording extensive prospects over  
the country.
49. Shrubbery and Flower Garden.
50. Carriage-road and Gravel-walk.
51. Ha Ha, and sunk Boundary Walls.
52. Air-vents for the warm-air flues.
53. Situation of the Spring, which supplies the Pump through a  
Tunnel under ground.

ERRATUM IN THE ENGRAVING.

In the Females' Airing Court C, *for* 595 sq. yds., *read* 478 sq. yds.

REMARKS

ON THE

TREATMENT OF THE INSANE,

&c.

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*Lincoln, November 11th, 1827.*

ANSWERS AND OBSERVATIONS, BY EDWARD PARKER CHARLESWORTH, M.D., ONE OF THE PHYSICIANS OF THE LINCOLN LUNATIC ASYLUM, IN REPLY TO THE INQUIRIES CONTAINED IN THE THIRD APPENDIX OF THE REPORT ON PAUPER LUNATICS AND LUNATIC ASYLUMS, MADE ON A VIEW OF THE CLERK OF THE PEACE OF THE CITY OF LINCOLN AND COUNTY THEREOF, PURSUANT TO AN ORDER TRANSMITTED BY HIS MAJESTY'S SECRETARY OF STATE.

SITUATION OF THE BUILDING.

*Question 1.*—Is the situation sufficiently elevated, dry, airy, and moderately sheltered? Does it combine retirement with cheerfulness? Is it convenient of access?

*Answer 1.*—The building is elevated, dry, and sheltered, standing upon the brow of a hill open to the south and south-west, and screened from the north-east. It is convenient of access, sufficiently retired, and eminently cheerful, combining

a view of the whole city, the race-ground, vessels, and adjacent country to an unbounded extent. (See Appendix A.)

**Q. 2.**—What extent of ground is occupied by the Establishment; and how are the premises appropriated as respects garden-ground, &c.?

**A. 2.**—The premises contain at present nearly four acres, and a treaty is on foot for an additional quantity for enlarging the grounds on the Female side. The courts are extensive: the area of each will be found in the accompanying Plan \*. One of the courts appropriated to the Female patients will be cultivated as a flower-garden: and about two acres in front are now a lawn, with broad gravel-walks surrounded by a flower-garden ornamentally planted, for the use of the patients, especially of such as are in a convalescent state.

## PLAN.

**Q. 3.**—What number of Patients is the Establishment calculated to receive?

**Q. 4.**—If a public Establishment, what was the cost of the building and furniture?

**A. 3 and 4.**—The building when finished, will admit *seventy-eight* Patients, and will have cost, including fitting up and furnishing, about *twenty thousand pounds*.

**Q. 5.**—What is the extent of general classification, and of individual separation of the Patients,—distinguishing sex, character of disease, degree of violence, and state of convalescence?

**Q. 6.**—What is the number of day-rooms, and their respective dimensions?

**A. 5 and 6.**—When the additions and alterations now in

\* See Answer, No. 8.

progress are completed, the classification of the Patients of the different sexes will be as follows :

There will be three degrees of rank, according to the payments made, viz. *First, Second, Third*. There will be also three classes of insanity, viz. *Convalescent, Ordinary, Insensible*.

The day apartments will consist of eight day-rooms, six galleries, and six dining-rooms.

The CONVALESCENT and the male ordinary Patients, of the *first rank*, will be placed in spacious front rooms of the centre house. (The structure of the building will require this arrangement to be slightly modified on the Female side.)

The CONVALESCENT (or first class) of the *second and third ranks*, will have day-rooms at the extremities of the east and west wings.

The ORDINARY Patients (or second class) of the *second and third ranks*, will have the use of galleries in the front, on the ground and first floors.

The INSENSIBLE Patients (or third class) of *every rank*, will be placed in galleries projecting from the back of the centre building, with rooms at the extremities for the FRANTIC and NOISY.

The dimensions of these rooms and galleries will be found in the accompanying Plan.

Q. 7.—What is the number of sleeping-rooms, and their dimensions ?

A. 7.—There will be 44 sleeping-rooms containing *one* bed each ; 6 containing *two* beds each ; and 8 larger rooms. The number of the sleeping-rooms will vary according to the use made of the front rooms in the attic story, which may be engaged either as single day-rooms, or as bed-rooms for patients able to pay for such extra accommodation. The dimensions will be found in the reference to the Plan. All the beds are single.

Q. 8.—What is the number of airing-courts and their dimensions ?



A. 8.—The number of airing-grounds is at present five, and is not intended to exceed six.

To the *Insensible* Patients of each sex will be assigned the inner courts, containing each about 500 and 600 square yards.

To the *Ordinary* Patients of the different sexes, the outer courts, containing each about 900 square yards.

To the *Male Convalescents* of every rank, and to the male Ordinary patients of the First rank, the front ground, containing more than 2 acres, is assigned. To this ground the other male patients also, who can be trusted, (and occasionally the females in their absence) have daily access, at the discretion of the Director. The Governors are in treaty to purchase similar grounds, adjoining the western boundary of the Asylum, for the use of the Females.

We must not be misled by following the analogies of prison discipline too far. There cannot be a greater error than to fritter away the benefit of exercise grounds by minute subdivisions. The largest Establishment can scarcely require more courts than may be necessary for the separation of the *Convalescent*, *Ordinary*, and *Insensible* patients, of the different sexes. The frantic are of course usually within doors. The different ranks no more require different grounds than the different ranks who enjoy any public promenade. Patients of the same rank naturally associate together, if disposed to associate at all. The insane are generally disposed to solitary habits, and are seldom seen in groups; large grounds containing a variety of persons, offer an animated scene, which may be useful. The case is very different within doors; here the degrees of rank should be more rigidly observed as the patients become sensible of such distinctions. Among the convalescents there should be three orders of day-rooms: among the insensible, the ranks are best marked by superior food, clothing, and bedding.

Q. 9.—Is the separation of the sexes complete?

A. 9.—The separation of the sexes is complete.

Q. 10.—Does the arrangement of the Patients' apartments, galleries, and yards, provide for their ready inspection, and afford them easy access to their galleries and courts ?

A. 10.—The arrangement of the Patients' day-rooms, galleries, and courts, provides for their ready inspection, and the airing-grounds are easily accessible from the galleries and day-rooms of the ranks and classes to which they are respectively appropriated.

Q. 11.—Does the plan afford facility of communication from the apartments of the superintendents and assistants to those of the Patients ?

A. 11.—The plan allows ready communication from the apartments of the superintendents, and assistants, with those of the patients.

Q. 12.—In the construction, fittings-up, and furniture, has security against self-injury been carefully provided for throughout every part to which the Patients have access ?

A. 12.—Security from self-injury is carefully provided for throughout. Only one accident of that nature has hitherto occurred. The use of knives and forks is prohibited by the rules.

Q. 13.—Is complete ventilation effectually obtained throughout, and cold at the same time excluded.

A. 13.—Ventilation, and the exclusion of cold, are both effectually provided for.

*Of the Apartments, Yards, &c. of the Patients.*

Q. 14.—Are the day-rooms of the Patients well lighted, securely and sufficiently warmed and fitted up, and cheerful and neat in their appearance ?



*A.* 14.—The day-rooms and the galleries of the patients are light, and are also lighted in the evening. They are well and securely warmed and fitted up, and neat: and the day-rooms will, in the new plan, be PECULIARLY cheerful—as are the galleries at present. All these apartments (except the galleries for the insensible patients) will look towards the south, and will command an uninterrupted view of the surrounding country towards the south and south-west. The wire-guards for the windows are of use in obviating the inconvenience of a direct southern exposure in the heat of summer. Air-flues also keep the air always at a moderate temperature, introducing warm air in winter, and a cooler air in summer.

*Q.* 15.—Are the dormitories properly ventilated? Are the windows furnished with shutters and glazed; are they accessible to the Patients? Are the floors of these rooms or cells of hard materials, and such as do not absorb the wet? What means are taken to preserve the rooms as well as the bedding in as clean a state as may be practicable?

*A.* 15.—The dormitories are properly ventilated: the windows are glazed, are intended to be all furnished with shutters, and are not improperly accessible to the patients. The floors are of hard materials, which do not absorb wet; and the greatest cleanliness is observed in every department. Quick-lime is strewed in the rooms of patients habitually dirty, which keeps them perfectly sweet; their bedding is properly aired, and changed daily.

*Q.* 16.—Are the court-yards airy and dry; their surface well covered with turf or with small gravel, or payed: do they afford some prospect over the walls?

*A.* 16.—The new courts will be airy, and dry: they will have a flagged walk round, with grass or small gravel in the centre. Grass and gravel have each their advantages, according to the season of the year. Grass placed in any part of a

yard inaccessible to the sun-shine, must in winter be productive of cold and damp. It may be worth considering whether it would not be a beneficial amusement for the patients to water the gravel-walks during the heat of summer. All the courts will afford a prospect over the walls. The east and west courts will command very extensive prospects from circular terraces of about four feet elevation, without allowing the patients of different classes to see each other. The grounds, affording the more extensive prospects, are made available to the patients according to their capacity of enjoyment. The courts even of the insensible patients present a prospect of the wooded mounds and walls of the ancient castle, and of the towers of the cathedral. The courts also give the patients a choice of sunshine or of shade: which is assisted by the partition-walls running in an oblique direction across the line of the meridian. The yellow bricks, of which they are built, add to the cheerfulness of the courts.

*Q. 17.*—Are the privies well-constructed; and are there complete baths for hot and cold water?

*A. 17.*—The privies are well constructed: the water-closets are amply supplied with water: the self-acting principle has not been found to answer, being too much under the command of the patients. There is a bath for hot or cold water\*.

## PHYSICAL TREATMENT.

*Q. 18.*—What diet is allowed?

*A. 18.*—The diet consists of solid meat and vegetables four days in the week, according to the following table:

### DIET TABLE.

#### *Sunday.*

Roast meat, with pudding under; potatoes or other vegetables.

\* See Answer, No. 24.

*Monday.*

Females—Rice-pudding.

Males—Broth or soup, made from bones, and the meat remaining from the preceding day.

*Tuesday.*

Boiled mutton and vegetables, and suet dumplings.

*Wednesday.*

Broth made from the meat of the preceding day.

*Thursday.*

Boiled beef and vegetables.

*Friday.*

Pease-soup made from the broth of the preceding day, with any meat which may remain.

*Saturday.*

Irish stew, made of mutton, with the cold meat remaining in the house, onions, potatoes, &c. &c. &c.

## MORNING.

Females—Coffee with dry toast.

Males—Good milk pottage.

## EVENING.

Females—Tea with bread and butter.

Males—Bread and cheese with beer.

All patients, who pay above ten shillings per week, have meat for dinner every day, if proper.

The patients have the use of dining-rooms, distinct from their ordinary day-apartments.

*Q. 19.*—Have any and what beneficial effects resulted, or been contemplated, from the adoption of such or any other diet, in any particular character of disease?

*A. 19.*—The diet is not of a peculiar nature, and is at present fixed by the rules, open to any alterations by the Physicians in particular cases. Wholesome table-beer is allowed,



under proper restrictions. No particular effects have been observed from this diet, or from any occasional alteration of it.

*Q. 20.*—In cases of attempt at self-starvation, what method of treatment has been adopted with most success?

*A. 20.*—In cases of attempt at self-starvation, every mild inducement to eat is put in practice, to avoid forcible means: very few instances of force have yet occurred; in these semi-fluid food has been given through a speculum. An instance has occurred requiring its use for 17 weeks in succession.

*Q. 21.*—Of what portion of rest or sleep can the patients partake; and what means are found successful in inducing sleep with restlessly inclined patients?

*A. 21.*—The patients are allowed about ten hours for sleep, the number of the hours varying with the season of the year.

The only means used to induce restless Patients to sleep, have been labour and exercise, and the absence of excitement. A room with white walls, a bed without curtains, a window without shutters, facing the bed, the shadows of moonlight, or the rays of the early sun, unusual and terrifying noises, form a combination obviously ill-calculated for the repose of a restless and irritable Patient. Too little attention has been paid to such details in establishments for the insane.

One principal object of the alterations in progress, has been to place the *noisy* Patients at the greatest possible distance, both from the quiet and the irritable; interposing a range of apartments for the *Insensible*: the least sensible being placed nearest to those who are noisy.

*Q. 22.*—What description of clothing is provided, and at what cost?

*A. 22.*—The clothing provided is warm and cheap: the cost of course varies with the station in life of the Patients, whose friends pay the expense, or send clothing themselves.

*Q. 23.*—What steps are taken to insure the personal cleanliness of the Patients, especially of the most uncleanly ?

*A. 23.*—To insure personal cleanliness, the bedding and linen are changed every morning with many, and periodically with the rest. Patients habitually dirty, are washed with warm water very frequently; and the other Patients are induced to wash themselves daily, for which ample facilities are provided.

*Q. 24.*—How often is bathing insisted upon generally ? In what cases has bathing of any kind proved most beneficial, more especially the warm or tepid bath ; what is the mode and duration of its application, &c. ?

*A. 24.*—Bathing has been little employed hitherto, the bath system requiring many improvements, which will soon be adopted. It is only during the last year that the Governors have succeeded in obtaining an unlimited supply of water.

*Q. 25.*—Is the practice of daily and active exercise steadily insisted upon with all Patients able to partake of it ?

*A. 25.*—Daily and active exercise is encouraged with all Patients able to partake of it. The Patients are out of doors as much as the weather will possibly admit. It is intended to erect arcades in the grounds with this object.

*Q. 26.*—Is any and what care taken to provide the Patients with sufficient warmth in severely cold weather, and to guard against accident from mortification in the infirm or bedridden ?

*A. 26.*—The galleries and all the passages are supplied with abundance of warm air, by means of flues: an average temperature of about 56°. being maintained; and there is an abundant supply of bed-clothes; no accident has yet occurred from any neglect of attention upon this point.

*Q. 27.*—To what extent, and to what decided advantage, has medicine of any kind been practised in different species of insanity?

*A. 27.*—A variety of medicines has been employed, with a view to the cure or abatement of Insanity, without peculiar results, though the number cured fully equals that of any other Institution: opening medicines are of course frequently required; no specific effects upon insanity have been observed from their use in this Institution.

The causes of Insanity are so various, and arise from so many different local affections of the head, stomach, and alimentary canal, requiring different modes of treatment, that the recommendation of any single medicine is impossible. The best means of cure are attention to the general health, regular excretions, regular habits, exercise in the open air, cheerful objects, and above all the absence of excitement, or of terrifying, loathsome, and degrading association.

The very change of scene, and removal from former habits, must be useful to a Patient, who enters a well conducted Asylum.

*Q. 28.*—What modes of personal coercion are in use, and on what average number of Patients is it found necessary to have recourse to it?

*A. 28.*—The modes of coercion are those which will excite least uneasiness, and have been most frequently a leathern belt, or a chain round the waist, with iron manacles for the wrists, attached to the belt or chain by a small chain a few inches long.

For Patients who tear their clothes, the “muff” is generally employed. Perhaps leather used in the dress of these Patients might occasionally supersede the necessity of restraint.

Some cases require the use of the strait-waistcoat; or, to prevent violent kicking, a restraint for the legs, called “hobbles,” which allow the action of walking; but these and the strait-waistcoat are comparatively little employed. The average



number of Patients under personal restraint, may be stated at from one to three in forty; sometimes not one for several weeks together.

**Q. 29.**—By whose orders, and under whose superintendence, is such coercion enforced? What number of Patients is generally under coercion during the night?

**A. 29.**—The restraints employed have been almost entirely at the discretion of the Director, always under his superintendence, and under the eye of the Physician and weekly Visitor, whose attendance is frequent and casual. The use of distinct apartments prevents the necessity of placing Patients under confinement during the night, except such as may be expected to injure themselves. Sometimes there are two or three, often not one for several months in succession.

It would be an improvement, that some public and accessible room should be set apart, in which should be hung up *every Instrument of restraint without exception*, labelled with separate numbers, from (No.1.) upwards, to correspond with similar labels and numbers on the walls, so as instantly to shew how many of such instruments are in use at any time.

Such an exposure would tend to diminish both the number and use of such instruments; would occasion them to be kept always clean, and not in the foul, hard, and unsupple state, so uneasy to the Patient; would cause the instruments to be of the slightest and least harsh form that could be safely used; and, by calling the attention of visitors to their shape and object, would no doubt lead to improvements.

The use of instruments of confinement, for the prevention of escapes, is utterly disallowed in this Institution. An outer boundary wall twelve feet eight inches high, round the courts, and ten feet high round the front grounds, has been found sufficient; and allows the use of partition walls about eight and a half feet high, between the different airing grounds.

The possibility of passing from one airing ground to another,



among patients of the same sex, is of small importance, compared with the sacrifice of health and comfort arising from walls too lofty. The passage will very seldom take place, and it is easily remedied: there is even a benefit in diverting the attention from the outer boundary wall.

In the construction of the outer boundary walls themselves, a consideration of extreme cases should not lead us to sacrifice airiness and cheerfulness, and the comfort of the great body of Patients. In those rare cases, in which a Patient combines an earnest desire of escape, with extraordinary physical powers for carrying his wishes into effect, the only proper, and the only efficient security, is to be found in additional vigilance.

The Patients in this Institution invariably lose, soon after their admission, any habits of ferocity; and there is a general absence of the usual features of madness, which, perhaps, may be partly attributed to the aspect of their habitation and exercising grounds, *but especially to the unrivalled aspect and free use of the front ground.* The windows are constructed so as to shew as little appearance of confinement as possible; and the nature of the ground has further enabled the Governors to *disguise and conceal restraint*, by sinking the boundary wall under the edge of the hill, so as not to obstruct any part of the prospect.

Q. 30.—Are dark solitary rooms made use of with advantage in cases of violent maniacal paroxysms?

A. 30.—Dark solitary rooms have been much used in cases of violent maniacal excitement, and with great advantage.

Q. 31.—How far has manual labour been adopted with advantage, and with what description of Patients?

A. 31.—With whatever description of Patients manual labor could be employed, where their bodily health would admit, it has invariably been found highly useful. The means of adopting it on a sufficient scale are at present very defective. Any labor introduced must be such, that the Patients can resort to it voluntarily and cheerfully: it should also be avail-

able at all times, independent of the weather, or the season of the year.

A hand-mill for grinding corn has been suggested: a wheel for raising water is daily used; and a roller for the grounds occasionally.

No garden could be sufficiently large to keep the whole body of Patients constantly employed, and many of the operations of gardening would require a degree of skill, or of close superintendence, incompatible with the situation of the Patients, or the other occupations of the keepers. The females assist in the wash-house and laundry, and in beating the flocks which have been taken out of the beds and washed. The female offices are all near to the female Patients.

### MENTAL TREATMENT.

*Q. 32.*—Has the active engagement of the mind to the sciences, fine arts, literature, or mechanical arts, been attempted with Patients of a superior description; and what has been the result?

*Q. 33.*—Where graver studies would be unsuitable, has it been found beneficial to afford Patients such employments as are calculated to engage the attention to external objects without inducing intense abstraction or exercise of mind; such, for example, as drawing, painting, designs, models, gardening, &c.

*A. 32, 33.*—We have not yet had any Patients capable of applying their minds in the manner proposed in these Queries. Books of amusement are offered to the Patients, and have engaged the attention of a few for a short time. It is much more beneficial to occupy the attention upon external objects, than to encourage mental abstraction or meditation, which may sometimes be even pernicious; perhaps most frequently so to patients of the highest intellectual endowments. External occupations must in many cases be useful, even as a diversion of the mind

from intense and injurious thought. We perhaps do not go too far in stating, that the cure of insanity has been most erroneously sought by acting on the intellect itself, instead of attending to the physical treatment of the deranged bodily actions, by which the operations of pure mind are impeded in a secondary manner.

The Director has justly and forcibly remarked, that “*any active employment must ensure a certain degree of mental attention.*”

Q. 34.—Where the mind is so diseased as to be evidently unfit for the foregoing exercises, has benefit been experienced by furnishing the Patients in their court-yards with the means of innocent amusement, from music, domestic animals, poultry, birds, flowers, and objects of a similar nature?

Q. 35.—Is any and what employment afforded to the mind, in cases of persons of inferior education?

A. 34 and 35.—Rabbits and birds afford some amusement to the Patients: and no instance has been found of an insane Patient shewing a disposition to injure such animals.—Gardening has afforded occupation to some of the Patients of inferior education.

Q. 36.—Is it the opinion of the Superintendent that a state of entire indolence and mental inertness is decidedly prejudicial to the Patient?

A. 36.—Entire indolence and mental inertness are most prejudicial to every description of Patient, having either mental or bodily faculties capable of being roused into action.

## MORAL TREATMENT.

Q. 37.—In the moral treatment of the Patients, is it considered an object of importance to encourage



their own efforts of self-restraint in every possible way, by exciting and cherishing in them feelings of self-respect, by treating them with delicacy, more especially in avoiding any improper exposure of their cases before strangers in their own presence; and generally by maintaining towards them a treatment uniformly judicious and kind, sympathising with them, and at the same time diverting their minds from painful and injurious associations?

A. 37.—It is considered highly important to respect the feelings of the patients, particularly when approaching convalescence; and to avoid exposure of their cases, especially in their own presence. Also to maintain towards them a uniformly kind demeanor, and a cheerful and familiar (*not sympathising*) manner: addressing them as rational, not unnecessarily contradicting them, and avoiding painful or injurious associations\*.

A new entrance has been made, to prevent the effects of Patients unexpectedly seeing their friends approach the house, which is sometimes most dangerous. The Director has had frequent experience that "*injudicious visits from friends are often much more mischievous than any visits from perfect strangers, by renewing improper trains of association, perhaps the very cause of the attack.*"

Some Patients have unpleasant impressions in the presence of strangers; but the number of these is comparatively very small: Patients in general are gratified and amused with an occasional visitor. It is to be wished that this fact were more

\* The general demeanor of the Director towards the Patients, has, in these respects, been highly exemplary. His watchfulness to prevent the keepers from a proneness to violence, or from coercion, to save themselves the trouble of vigilance,—his gaining the confidence of the Patients,—his showing them by example that their indulgences or privations will keep pace with their self-control, or the want of it,—his cheerful and familiar manner of addressing them,—have all been of essential advantage towards the progress of recovery.

generally known and acted upon, especially by the "Weekly Visitors," many of whom, through motives of mistaken delicacy, decline seeing the Patients. The veil of mystery so long interposed between Lunatics and the Public, has been the chief cause and encouragement of all the mistaken treatment and the abuses which they have endured.

Inspection from the Public, (as well as from Official Visitors) ought to be courted in every public Institution, and especially in Asylums for the Insane.

**Q. 38.**—Is any religious service performed in the Establishment, at which such Patients are invited as are in a suitable state to attend? Does the physician select such Patients as attend, and in all cases approve of their attendance? Do the classes attend separately or at one time, and without distinction of mental disorder?

**A. 38.**—Religious Service has not yet been performed in this Establishment: a Proposal will be entertained to use a room as a Chapel. A distinction is always made between the Sabbath and other days of the week: and the Patients have access to the Holy Scriptures, whenever any good use can be made of the Sacred Volume.

## MISCELLANEOUS.

**Q. 39.**—Is it a Private Establishment, a County Asylum, or an endowed and subscription Institution?

**A. 39.**—This is a public Institution, supported by voluntary contributions, and by payments from the Patients.

It has been suggested, that Governors should have the privilege of recommending Patients for a reduced payment, when application is made during the first three months of the attack, within which period the greatest probability of recovery is included. It has been found that parishes are extremely unwilling to incur the charge of sending Pauper Lunatics to the

Asylum, by which delay the complaint frequently becomes irremoveably fixed. They also sometimes remove them from the Asylum at too early a period. Pauper Lunatics will never be properly attended to, until the charge of this class of Paupers, during the first year of their treatment, is laid upon the County Rate, by orders of two Justices upon the County treasurer. No abuses could arise in this case, the objects being so much more *clearly defined* than the other usual objects of parochial relief. Where the Asylums have been erected out of the County Rate, or where their erection has been hitherto improperly neglected, the benefit is quite apparent.

**Q. 40.**—In the case of a Public Asylum, how is the Committee of Management constituted, and how frequently do they attend?

**A. 40.**—A board sits every Monday for the dispatch of business, and is open to all the Governors, who may choose to attend. There are also general boards once a quarter. A donation of 21*l.* or an annual subscription of three guineas, constitutes a Governor.

**Q. 41.**—If an endowed or subscription Asylum, what is the nature of its foundation and mode of support?

**A. 41.**—The ground was purchased, and the Building erected, wholly by voluntary contributions, without any assistance whatsoever from the County Rates.

**Q. 42.**—What is the payment of the Patients?

**A. 42.**—The lowest payment is ten shillings a week: the highest hitherto two guineas, varying with the class in life of the Patient.

Sacrifices or abridgements of the conveniences of the lower and middle ranks of Patients, for the sake of persons of a higher rank, in the hope of increasing the pecuniary resources of the Institution through their higher payments, are improper and impolitic, as very few such Patients will be ever found in



public Asylums, without a material change in public opinion, however costly may be the accommodation prepared for them. Public Asylums should afford every possible comfort and means of cure, to those persons, of whom the great bulk of the Patients must ever consist.

Q. 43.—When was the Establishment opened ?

A. 43.—The Establishment was opened in March 1820.

Q. 44.—What is the name of the Superintendent ?

A. 44.—The director is Mr. Thomas Fisher.

Q. 45.—Is he a medical man ?

A. 45.—A surgeon in his Majesty's service.

Q. 46.—How often does the medical attendant visit the Asylum ?

A. 46.—Three physicians attend in monthly rotation, and visit the Patients never less than twice a-week, generally much oftener, and daily in particular cases. There are also two surgeons, who attend on application.

Q. 47.—How many assistants has the Superintendent ?

A. 47.—The Superintendent has the assistance of three keepers, a matron, and two nurses.

Q. 48.—What was the number of each sex for which the Establishment was originally designed ?

A. 48.—The building was *originally* designed for fifty Patients, and is constructed for an equal number of each sex ; but, by an appropriation of the centre building, any ordinary inequality in the proportion of the sexes may be met.

Q. 49.—What is the present number of Patients of each sex ?

A. 49.—The Institution contains at present twenty-nine males, and nineteen females.

Q. 50.—What has been the average number of



Patients in the year during the last three years ; distinguishing the sexes ?

*A. 50.*—The average number of Patients in the last three years, has been twenty-seven males, and eleven females. The number has been regularly on the increase. The proportion of females has been generally about one third of the whole number of Patients. This may probably arise from the comparatively easy manner in which Insane females can be controlled in their own families.

*Q. 51.*—What has been the average number of cures in the year, during the last three years ; distinguishing the sexes ?

*A. 51.*—The average number of cures in the last three years has been eight males, and seven females. Out of an average number of four males and three females, discharged on trial within the same years, a very small proportion is known to have relapsed.

*Q. 52.*—What has been the proportion of relapses within the last three years ; and in what description of cases have they prevailed ?

*A. 52.*—Only two cases discharged as cured, and those hereditary, are known by the director to have relapsed in the last three years.

It is not always desirable to wait very long for a certain and confirmed cure. Patients may sometimes be beneficially returned to their friends on trial. Nothing is more likely to confirm Lunacy than despondency, arising in a convalescent where the hope of returning to his home is uselessly deferred. A premium given to the Director for each Patient discharged cured, and remaining sane for one year, would be money well bestowed. The great benefit of a *Public* Institution consists in the Managers having no interest in the continuance of the complaint.

*Q. 53.*—For what period of time had Patients dis-

charged cured been deranged before their admission into this Asylum ?

*A.* 53.—The recoveries have, nearly all, been among the recent cases.

*Q.* 54.—What has been the average number of deaths in the year, during the last three years ; distinguishing the sexes ?

*A.* 54.—Average, four males, and one female.

*Q.* 55.—How were the Patients actually classed at the date of this visit ? Is there any restriction as to the class of lunatics admitted ; *viz.* are idiots, epileptic Patients, or cases of long standing, excluded ?

*A.* 55.—The classification of the Patients, according to the degrees of their complaint, is as yet imperfect, for want of room, and from defects in the original plan and construction of the building and courts.

First.—Day-apartments for the separation of the convalescent and the insensible Patients from the other Patients, and from each other, had been entirely omitted.

Second.—The five rooms in front, at the ends of the front galleries *now designed for day-rooms*, were appropriated as twelve cells for noisy and frantic Patients.

Third.—The two front rooms in the centre house, *now intended as day-apartments for the first rank male Patients*, were used as a board-room, and as a kitchen, the latter highly offensive to the house.

Fourth.—The two back rooms in the first story of the centre house, *now marked as bed-rooms*, were assigned as day-rooms for the first rank Patients, immediately overlooking the range of airing-courts below, and quite unconnected with the grounds in front.

Fifth.—The Airing-courts, six in number, did not extend more than 60 feet north of the building, nor at all east nor west

of the two wings, and consequently received a very inadequate portion of sunshine during the greater part of the year. The largest of these courts contained only 305 square yards, and the two smallest, situated behind the highest part of the building, and assigned to the first rank patients, contained each about 180 square yards. (See Appendix C.)

The additions and alterations now in progress are effected under the superintendence of Mr. William Webb, the architect, with skill and the greatest economy; and will be available on the male side in the beginning of next Spring.

Cases of idiocy, epilepsy, and cases of long-standing, are not excluded. It would be desirable that the hopeless cases should be admitted at a higher rate of payment, that the limited extent of the building may not be occupied in a comparatively useless manner, and to the exclusion of a rapid succession of curable Patients. This is, of course, an evil increasing yearly, and will explain the large number of cures usually effected in new Establishments.

Criminal Patients are excluded by the rules. There ought to be a distinct National Establishment for persons of this description. The separate accommodation required for them in Provincial Establishments, occasions a great loss of accommodation to the other Patients, as well as much additional expense in the building.

*Q. 56.*—How many patients were under coercion at the date of this visit?

*A. 56.*—Two males and one female were under confinement at the date of this view.

*Q. 57.*—What number of Patients were in bed (in the day-time) at the date of this visit?

*A. 57.*—One woman, aged eighty-two, sinking under age and infirmity, was in bed in the day-time, at the date of this view.



It is particularly requested that the following documents, &c. may be procured, viz.

58.—The Rules for the government of the Asylum.

58.—The Rules for the government of the Asylum are sent herewith.

59.—A Plan of the Asylum and its premises, to a scale.

59.—Also a Plan of the Asylum and its premises, to a scale, with a section of the ground.

60.—Any Reports that may have been made on the state of the Asylum.

60.—Also the printed Reports of the state of the Asylum, being all that have been published by the Board of Governors. Also a private account of the Asylum,—and a circular from one of the Physicians. (See Appendix B.)

61.—Accounts furnishing the number of Patients admitted, cured ; expense of maintenance, &c.

61.—In the above are contained Statements of the number of Patients admitted and discharged, the expenses of maintenance, &c.

62.—Journals, or Registers of cases, explanatory of the causes of insanity, and improved modes of treatment, and other information of a miscellaneous nature.

62.—Journals and Registers of Cases are kept, giving an account of the symptoms and mode of treatment.

E. P. CHARLESWORTH, M.D.

## APPENDIX A.

*Extract from the Notices of Charities and other Institutions of the County, contained in Drury's Lincolnshire Cabinet of 1828.*

## LINCOLN LUNATIC ASYLUM.

“THIS Institution was opened in the year 1820; and as a public receptacle for objects suffering under the greatest of all human calamities, possesses supereminent advantages. It is built on the prominent south-western brow of the same lofty hill which forms the site of the castle, and consequently commands one of the finest prospects in the county. The city lies partly to the east, and partly below the hill towards the south-east, so situated as neither by smoke nor business to become any annoyance to the inmates of the asylum. On the west and south-west is an extensive plain, once covered with water, but now completely drained; the nearer part a large open common field, in which is the race-ground, and a great part of that ancient canal, the Fossdyke. Beyond, a fine cultivated country, interspersed with woods, seats, and spires, of an extent truly astonishing, and only bounded by the high grounds of Leicestershire and Nottinghamshire, and the towering mountains of the Peak. Thus elevated in its situation, open to the western breezes, and sheltered from the cutting north and north-east winds, it enjoys an air, pure and salubrious, unimpregnated by miasma, uncontaminated by the effluvia of a crowded population.”

## APPENDIX B.

*Authorities on the Necessity of classing Lunatics, and on other points of Management, referred to in Reports laid before the Weekly and Quarterly Boards of the Lincoln Lunatic Asylum, by E. P. CHARLESWORTH, M.D. one of the Physicians.*

DR. JOHN WEIR, Inspector of Naval Hospitals, examined before a select Committee of the Honourable the House of Commons, p. 27 :

“ Are you not of opinion that placing the frantic and placid patients in the same apartment is likely to retard the recovery of the latter ? ” — “ It is cruel and improper in the extreme, and must retard the progress of recovery.”

DR. RICHARD POWELL, Secretary to the Commissioners for regulating Madhouses, examined before the same Committee, p. 79 :

“ Is it your opinion that placing the frantic and placid patients together is likely to retard the recovery of the latter ? ” — “ Certainly ; that is my opinion.”

SIR LUCAS PEPYS, M.D. a Visiting Physician of Houses for the Reception of Insane Persons, examined before the same Committee, p. 107 :

“ Are you of opinion that the mixture of the quiet patients with the outrageous ones very considerably retards the cure of the former ? ” — “ I should apprehend it would, very considerably.”

MR. THOMAS WARBURTON examined before the same Committee, p. 193 :

“ What is your opinion of the utility of classing Patients in different stages of Insanity and Convalescence, and of the best

manner in which it may be accomplished?"—"I conceive it to be of the first importance to class the Patients according to the extent of their disease, or of their approaching to Convalescence, or in a state of Convalescence."

DR. JAMES VEITCH, a Staff Surgeon in the Navy, examined before the same Committee, p. 91 :

"With a view to rendering an Institution for the reception of Lunatics useful to the fullest extent, the patients should not only be classed according to the character of their diseases, but the important consideration of mental and corporeal action as a means of cure should never be lost sight of."

DR. JOHN HARNESS, one of the Commissioners of the Transport Board, examined before the same Committee, p. 155 :

"The principal defect in Institutions of this kind arises from the Convalescent cases not being separated from those in a deranged state."

DR. JOHN LATHAM, (late) President of the College of Physicians, and Visiting Physician of Houses for the Reception of Insane persons, examined before the same Committee, p. 129 :

"The solitary cells should be placed where the noise from the more furious maniacs can least incommode those who are becoming more tranquil."

MR. THOMAS BAKEWELL, Proprietor of a House for the Reception of Insane persons at Spring Vale, in Staffordshire, examined before the same Committee, p. 125 :

"I would recommend that the Curative system should be entirely separate from the system of keeping Incurables: I think that nothing in the world can reconcile them together."

MR. WILLIAM FINCH, Surgeon and Keeper of an Asylum for Insane Persons at Laverstock, near Salisbury, examined before the same Committee, p. 52 :

"In the Classification of persons confined in your establish-



ment is special care taken to place those who are noisy in a distant part of the building, from those who are tranquil?"—"There is, so that those who are quiet cannot be disturbed by those that are noisy."

"Have you any doubt that the separation of the noisy from the quiet patients is essential to the recovery of the latter patients?"—"Certainly."

Extract from DR. BURROWS'S Inquiry into certain errors relative to Insanity, p. 149 :

"Lunatics in a state of Idiocy, Palsy, or with Epileptic or convulsive fits, cannot, with propriety, be received in any Lunatic Asylum, unless a complete separation of them be preserved from patients simply insane; and more especially from those in the course of medical treatment."

TUKE'S Introductory Observations prefixed to the Account of the WEST RIDING ASYLUM :

"The change which has taken place in the general opinion in regard to the attention due to deranged persons, has produced a striking change in the mode of treatment in most of our public receptacles. The diminution of trouble on the part of the attendants is no longer the only object contemplated. It is now admitted that the man who labours under a partial derangement of intellect, which, though it unfits him for general society, leaves him capable of much rational enjoyment, should not be condemned to promiscuous intercourse with the worst patients, and to the privations to which they are subjected."

QUARTERLY REVIEW, Vol. xv. p. 412 :

"The great objects to be aimed at in the management of the insane are, in the first place, that the Invalids be separately and properly classed, both in respect of their ages, sexes, condition in life, and kind or degree of their disorder."

Rules of the MANCHESTER ASYLUM—Rule 31 :

"That the Convalescents be kept separate as much as pos-

sible, that they may not be incommoded or disturbed by the unhappy sufferers under more violent degrees of Insanity."

Eleventh Report of the NOTTINGHAM GENERAL LUNATIC ASYLUM :

" The Governors beg to suggest that it would be most desirable if *detached Buildings were erected for the more noisy Patients* ; as in the present state of the Asylum *the recovery of the rest is very much retarded, and in some cases probably prevented* \*."

Answer by ROBERT HAMILTON, Esq. Sheriff Depute of Lanarkshire, to the Queries of the Committee of the Honourable the House of Commons on Madhouses :

" If there were Funds, an addition would be made to the Building immediately, as it is already needed for Paupers ; and a *separate Building* for Idiots and noisy Patients, who disturb all but Idiots, would be erected *at a little distance*, for both of which admirable plans have been most elegantly drawn by one of the cured patients."

First Report of the WAKEFIELD Pauper Lunatic Asylum :

" The Patients are at present divided into eight Classes, but the construction of the Building is such, as to allow of a still greater division.

(Signed)

" W. C. ELLIS, M.D. Director."

EDINBURGH REVIEW, Vol. xxiii. p. 193 :

" The Classification of Patients, according to their degree of

\* 13th Annual Report of the NOTTINGHAM ASYLUM, Oct. 16, 1823.

" The Governors think it right upon this occasion to repeat the expression of their conviction, that the interior accommodations of the Lunatic Asylum must be regarded as incomplete, until some additional buildings be erected in which the more clamorous patients may be confined, when they labour under violent paroxysms of maniacal excitement. Their presence at those times is found not only to exert a baneful influence on the minds of the more calm and tranquil patients, but also to interrupt the nocturnal repose, which the harassing and anxious life of their attendants so urgently demands."

Convalescence, is very properly attended to at the *Retreat*, and every assistance given to returning reason by the force of example."

TUKE's Description of the RETREAT near York, p. 98 :

"The Day-room in the East wing adjoining the parlour, and the Male Patient's Court, No. 1, accommodate the superior Class in regard to behaviour and to capacity of rational enjoyment. The other three Day-rooms on the second story are occupied by Female Patients. The more refractory Class usually occupy that in the extreme West building, and the Female Patient's Court, No. 2.

1st Report of the GLASGOW ASYLUM, p. 5 :

"The Galleries are airy and cheerful, the Day-rooms commodious, and the exercising grounds judiciously laid out with broad gravel walks, where convalescent and quiet patients may enjoy the open air and the beauties of nature, with the appearance of liberty, but with no chance of escaping, and no risk of meeting any but those with whom they are intended to associate."

"The division of the airing grounds into different compartments and a separate entry to each, have unquestionably occasioned a considerable addition to the expence; but, if the object aimed at in this arrangement, viz. separating the patients from each other at all times according not only to their sex and rank, but to the different gradations of their disease, can be fully obtained, it will prove an ample compensation for all the additional expenditure."

Remarks on the CONSTRUCTION of Public Hospitals for the Cure of Mental derangement, by WM. STARK, Architect, p. 13 :

"However desirable a good system of management may be, no such system can be prosecuted with effect in an ill-contrived building. The defects of arrangement must unavoidably affect the patient, and operate both against his comfort and cure."

"Even in establishments which have been erected with much



more humane and liberal views, not only as to what respects the cure but the immediate enjoyments of the patients, defects of arrangement may be pointed out which tend to counteract these purposes, and are productive of evils to which no management can oppose any adequate remedy."

Instructions drawn up by Mr. SAMUEL TUKE for the Architects, who prepared designs for the WEST RIDING ASYLUM.

"Each Court must contain not less than 600 square yards; they should have as nearly a *south aspect* as can be obtained; and the boundary should be so contrived as to intercept as little as possible the view of the surrounding country."

Observations on the Deranged Manifestations of the Mind, by J. G. SPURZHEIM, M.D., p. 217:

"An ample space and proper distributions are an indispensable condition of such an establishment. It seems to me there is no occasion for Palaces to waste the funds, and to prevent the patients from being taken in. I am sorry to read that a building, calculated for thirty Patients, costs eight thousand pounds, and that on that account the governors are obliged to confess their want of money, and to announce to the public that they cannot admit patients from the lower classes of society on moderate terms.—A Building, which costs a hundred thousand pounds, is of less use than another might be which would cost half the sum, if the other half were expended in the purchase of fields surrounding it. To what purpose does ostentation with respect to walls, columns, and other architectural beauties, lead? The *means of curing the Patients ought to be first attended to*: hence a convenient and sufficiently large place is to be surrounded with a wall; proper divisions and subdivisions of the patients are to be made, and proper buildings to be erected; large airing grounds, large fields for various occupations to be looked for."

P. 218:—"As the Separation of the patients is indispensably necessary, the buildings must be constructed accordingly.



All other Hospitals have divisions: there are medical and surgical wards:——It is, however, certain, that clean, dirty, noisy, furious, and melancholy patients together, prevent the cure of each other. It seems to me that the division of the insane is more necessary than of all other patients. It is an obvious rule to remove the furious, noisy, and dirty patients from the others.”

## ADDITIONAL EXTRACTS.

MR. L. WAKEFIELD examined before a select Committee of the Honourable the House of Commons, p. 21:

“ I called at Dr. Fox’s, at a House near Bristol. Dr. Fox has laid out a very large sum of money upon building an Establishment, being a series of Houses for the purpose of Classification.....To each building is a distinct and separate yard, at the end of which are cells for refractory and dirty patients, which has yet a distinct yard. The cells are warmed by flues.”

DR. LATHAM’S Statement to the same Committee, p. 128:

“ Reflect but an instant upon the situation in which a man must find himself, when, upon the least dawn of returning reason, he *sees himself surrounded by objects under all the different gradations of mental misery.*”

MR. WILLIAM RICKETTS, Surgeon and Keeper of an Asylum at Droitwich, examined before the same Committee:—(Speaking of a particular Asylum.)—p. 53.

.... “ The furious and the melancholy are all together; and they appear to me to have no room for convalescent patients; so that, if a patient had the least dawn of reason, *when he comes to look about, it is enough to bring him back again into his old state.*”

“ Have you any doubt that the mixture of the violent with the calm, the furious maniac with the melancholy, the convalescent with those in the height of their disease, is highly

injurious to the recovery of every class?"——"I have no doubt about it."

"Do you think it would prove an impediment to the recovery of a patient to allow him, during the time he is in a tolerably tranquil state of mind, to associate with such as are obviously suffering under any of the disgusting or affecting symptoms of the malady?"——"Certainly I do."

"Have you any doubt that where a person is approaching nearly to a state of recovery, his ultimate cure is very often destroyed, if not long retarded, by having kept constantly before his view patients in the worst state of that calamity?"——"That must be the case; I always remove my convalescent patients from those in a state of violence."

Answers to the same Committee, by the Sheriff Depute of Edinburgh, p. 115:

".....with a view to the present comfort or future recovery of their patients, it must be most injurious to those, who are at all capable of judging of their situation, to find themselves classed along with persons labouring under the most distressing symptoms of the disorder. *To a Convalescent such a sight would seem sufficient to throw him back to his former state.*"

"By the want of this classification, a great mean of discipline, or rather of inducing the patients to acquire a control over themselves, is lost. Where an apartment is allotted for those who are recovering, or who conduct themselves with propriety (accompanied as it ought to be with some additional comforts and a certain degree of freedom) it will always be a desirable object among the patients to be included in the number of those who have access to it. Hence those who are excluded from it will exert themselves so as to have a claim for admission; whilst the fear again of being excluded, will have a no less powerful effect over the conduct of those who have once obtained access."

## APPENDIX C.

## THE REPORT

OF THE

LINCOLN LUNATIC ASYLUM, FOR THE YEAR 1828.

AN important change has been effected, during the last year, in the affairs of the Asylum. At a Special General Meeting in April, the Right Honourable the President in the Chair, being by much the most numerous and respectable Board of Governors hitherto held, the Institution was placed under a new system of management; and it was resolved that a Committee should be appointed for carrying into effect a Plan, that might combine all the necessary improvements, which the advanced state of public knowledge has so long imperatively pointed out. Among various other advantages the new plan embraces the following objects:—

1. The means of classing the Patients generally, or of separating them according to circumstances, are effectually afforded.

2. The CONVALESCENTS are separated from the other Patients, and are placed in apartments at the ends of the East and West Wings, eminently cheerful, and not presenting any appearance of confinement.

3. The ORDINARY Patients have the uninterrupted use of the Front Galleries.

4. The INSENSIBLE, and the highly excited Patients, withdrawn from the rest, are removed from the Front of the Building, to a situation affording every comfort, and every facility for the attention, which their cases may require.

5. The Upper Rank Patients are brought from the Back to the Front; and the degrees of rank are more rigidly observed as the Patients approach to convalescence, and as they consequently become more sensible of such distinctions.

6. The Airing Courts are greatly enlarged, and extend *beyond the shade of the Buildings*: all have prospects, and some of them of great extent.



7. The Front Grounds are rendered more private by the formation of a second entrance for persons on business: and the Patients will not see their friends approaching the house, which is often very improper.

8. The Kitchen, and the Noisy Cells, are removed from the Front to the Rear of the Building, which renders the whole South Front available for the enjoyment of the more sensible Patients.

9. The House is relieved from the smell of the Kitchen, and the smoke of the Outbuildings.

10. The Laundry and other offices, which can give employment to the Female Patients, are attached to the Female side of the House.

11. There will be accommodation for 20 additional Patients.

Towards the attainment of these objects very considerable progress has been made: and, on the male side of the Building, the present year will offer the gratifying spectacle of Airing Grounds, most amply sufficient for health and amusement, with every facility for that Classification, which, together with exercise and employment, may be deemed the corner stone of complete recovery.

The Governors, in the course of these improvements, have not ventured to trespass, even to the smallest extent, beyond the funds in hand, which are already sufficient to complete the male side of the Building. Effectively to place the Female Wing and Grounds on a proper footing, would probably require an additional sum of £1,500 to £2,000, which it may reasonably be hoped will be accumulated by a few years of rigid economy, and the gradual accession of Benefactors to this munificent monument of Public Charity. Till such a sum can be raised, this part of the Asylum must remain in its present state, subject to all the disadvantages which have been so long and so seriously regretted.

By the former Rules, a Benefaction of *twenty guineas* at a *single* payment, constituted a LIFE GOVERNOR; by a new Rule, Benefactors increasing their former donations to twenty guineas at a *second* payment, acquire the same privilege: a change which, it is expected, will be the means of adding to the funds, and of introducing many active and intelligent Gentlemen into



the management. Some privilege might be usefully conferred upon Governors recommending Patients *at the commencement of their malady*; the hope of cure depending almost wholly upon proper treatment, before any organic change has had time to take place.

A very important benefit has been derived to the Asylum, during the last year, by a successful attempt, which has been made for the procuring of water. Even the *sparing* use of an article so essential to health, cleanliness, and comfort, has occasionally cost this Institution as much as £4 per week. Whereas the supply is now unbounded, and of the best quality.

Instead of the irregular publication, which has hitherto taken place, an order has been made for laying annually before the Governors an abstract of the Receipts and Expenditure, a list of the Benefactors and Subscribers, an account of the Patients, and a general Report upon the condition and prospects of the Institution.

(Signed)

YARBOROUGH, PRESIDENT.

LINCOLN,  
March 17, 1828.

FINIS.

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